

APPENDIX A

DHHS Regional EMERGENCY PROGRAM COORDINATORS And MMRS Jurisdictions

The U.S. Department of Health and Human Services has ten regional offices. Each office is headed by a Regional Health Administrator (RHA). Within each of these offices, there are one or more Regional Emergency Coordinators (EC), depending on the size and complexity of the region. The primary function of the Regional Emergency Coordinators is to work with the State Governments and, as appropriate, with municipalities and towns to help them be prepared to respond to emergency situations. A principal focus of the EC is to facilitate planning for, accessing, and utilizing U.S. Government grant funds for programs which will enable the jurisdictions which they serve to be prepared for and work effectively during emergency situations.

The following is a list, as of October 2002, of the HHS Regional Emergency Coordinators. The cities listed for each region are ones that are currently part of the Metropolitan Medical Response System.

DHHS REGIONAL OFFICES

REGION 1: CT, ME, MA, NH, RI, VT

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REGION 3: DE, DC, MD, PA, VA, WV

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REGION 10: AK, ID, OR, WA

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APPENDIX B

Relevant Non-governmental Organizations

The list includes national humanitarian NGOs, faith-based groups, health professions organizations, and others.

The following organizations have expressed interest in and general support for the MRC initiative. These organizations have, varyingly, participated in meetings concerning the development of the MRC, advised their memberships of the opportunity to volunteer in their communities, and contributed their expertise about how the MRC might best be developed. As additional organizations state their interest in participating, this listing will be revised and posted on www.medicalreservecorps.gov.

American Academy of Family Practice (AAFP)

American Academy of Nurse Practitioners (AANP)

American Academy of Pediatrics (AAP)

American Association of Colleges of Nursing (AACN)

American Association of Colleges of Osteopathic Medicine (AACOM)

American Association of Medical Colleges (AAMC)

American College of Emergency Osteopathic Physicians (ACOEP)

American College of Emergency Physicians (ACEP)

American College of Physicians (ACP)

American Dental Association (ADA)

American Medical Association (AMA)

American Nurses Association (ANA)

American Osteopathic Association (AOA)

American Public Health Association (APHA)

American Red Cross (ARC)

American Society of Health System Pharmacists (ASHSP)

AmeriCorps Alums

Association of State Osteopathic State Executive Directors (AOSED)

National Association of School Nurses (NASN)

National Black Nurses Association (NBNA)

National Medical Association (NMA)

APPENDIX C

Good Samaritan Laws

What is a “Good Samaritan Law?”

The “Good Samaritan” doctrine is a legal principle that prevents a rescuer who has voluntarily helped a victim in distress from being successfully sued for “wrongdoing.” The purpose of such laws is to keep people from being reluctant to help a stranger who needs assistance for fear of possible legal repercussions, in the event that a mistake in treatment is made inadvertently by the rescuer. The Good Samaritan doctrine was primarily developed for first aid situations. Every State has its own adaptation of the Good Samaritan legal doctrine.

Most states declare that the recipient of the aid must not object to the receipt of the aid, but need not consent. Some states have Good Samaritan laws that apply to all citizens (Nevada). Other States have Good Samaritan laws written specifically for physicians (California).

The following statutes use similar or identical standards for assessing the liability of persons rendering emergency medical care. The basic standard is as follows:

“Any person who, in good faith, renders emergency medical care or assistance to an injured person at the scene of an accident or other emergency without the expectation of receiving or intending to receive compensation from such injured person for such service, shall not be liable in civil damages for any act or omission, not constituting gross negligence, in the course of such care or assistance.”

Relevant individual state statutes are cited below:

Alabama

Ala. Code §6-5-332 (1975)

Ala. Code §6-5-332.3 (1999) AED use

Provides immunity for lay persons as rescuers but no extended immunity.

Provides immunity for AED acquirers and enablers.

Encourages/Requires CPR & AED training at AHA, ARC or other recognized course.

Alaska

Alaska Stat. §09.65.090 (Michie 2000)

Alaska Stat. §18.08.086 (Michie 2000)

Provides immunity for rescuers

Encourages/requires CPR & AED training at AHA, ARC or other nationally recognized standard.

Arizona	<p>Ariz. Rev. Stat. §2263 (2000) Gen. Stat.</p> <p>Ariz. Rev. Stat. §2262 (2000) use & training AED req.</p> <p>Ariz. Rev. Stat. §2264 (2000) AED exemption</p> <p>Ariz. Rev. Stat. §2261 (2000) AED def.</p> <p>Ariz. Rev. Stat. Ann. §36.2263 (2002)</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for AED acquirers and enablers</p> <p>Requires Heartsaver AED training</p>
Arkansas	<p>Ark. Code Ann. §17-95-101 (Michie 1999) Gen.</p> <p>Ark. Code Ann. §17-95-605 (Michie 1999) AED.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers of AED</p> <p>Encourages/requires CPR & AED training.</p>
California	<p>Cal. Health and Safety Code §1317 (1973)</p> <p>Cal. Civ. §1714-21 (West 2000) AED Immunity</p> <p>Cal. Health & Safety §1797.190 (West 2000) Req. for owners of AED, penalties for violators</p> <p>Calif. Bus & Prof. Code § (West 2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers of AED</p> <p>Encourages/requires CPR & AED training to AHA or ARC standards</p>
Colorado	<p>Colo. Rev. Stat. §13.21-108 (1997)</p> <p>Provides immunity for rescuers</p> <p>Encourages/requires training CPR & AED training.</p>
Connecticut	<p>Conn. Gen. Stat. §52-557b(2000)</p> <p>Provides immunity to rescuers</p> <p>Encourages/requires CPR & AED training to AHA and ARC standards.</p>

Delaware	Del. Code Ann. Tit.24 §1767 (1975) Provides immunity for rescuers through existing Good Samaritan Statute
District of Columbia	D.C. Code Ann. §7-401(1981) Provides immunity for rescuers.
Florida	Fla. Stat. Ann. §401.2915 (West 2000) Training & contact EMS reqs. Fla. Stat. Ann. §768.13 (Wet 2000) Gen. Stat. Provides immunity for rescuers Encourages/requires CPR & AED training.
Georgia	Ga. Code Ann. §51-1-29 (1982) Gen. Stat. Provides immunity for rescuers Provides immunity for AED acquirers and enablers Encourages/requires CPR & AED training approved by Dept. of Human Resources
Hawaii	Haw. Rev. Stat. §663-1.5(1969) Haw. Rev. Stat. §453-2 (1999) License Req. Haw. Rev. Stat. §457-8 (1999) License Req. Provides immunity for rescuers Provides immunity for acquirers and enablers of AED but not for trainers Encourages/requires CPR & AED training under an AED program administered by a physician
Idaho	Idaho Code §39-7113 (1948) Idaho Code §5-330 (1999) Gen. Stat. Provides immunity for rescuers Encourages/requires CPR & AED training

Illinois	<p>745 Ill. Comp. Stat. 49.12 (West 2000)</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for AED acquirers and enablers</p> <p>Encourages/requires CRP & AED training at AHA standard</p>
Indiana	<p>Ind. Code Ann. §15-5-1.1-31 (1977)</p> <p>Ind. Code Ann. §34-4-12.1 (West 2000)</p> <p>Provides immunity for rescuers</p> <p>Encourages/requires CPR & AED training – national or state approved course</p>
Iowa	<p>Iowa Code §613.17 (1982) Gen. Stat.</p> <p>Provides same immunity for rescuers as for other EMS providers</p> <p>Does not provide rescuers immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED training approved by Dept. of Public Health.</p>
Kansas	<p>Kan. Stat. Ann. §65-2891 (1965)</p> <p>Kan. Stat. Ann. §65-2981 (1999)</p> <p>Kan. Stat. Ann. §65-6128 (1999)</p> <p>Kan. Stat. Ann. §65-6129(b) (1999) Cert. necessary</p> <p>Provides immunity for rescuers</p> <p>No immunity provided for acquirers and enablers</p> <p>Encourages some training elements, including first aid and proficiency in AED</p>
Kentucky	<p>Ky. Rev. Stat. Ann. §311.668 (2000)</p> <p>Ky. Rev. Stat. Ann. §411.148 (Banks-Baldwin 1999) Gen. Stat.</p> <p>Provides immunity for rescuers.</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED Training such as AHA, ARC or other nationally recognized training course.</p>

Louisiana	<p>La. Rev. Stat. Ann. §37.1732 (West 1984)</p> <p>La. Rev. Stat. Ann. §9.2793 (West 2000) Gratuitous Service Immunity</p> <p>La. Rev. Stat. Ann. §40.1236.14 (West 2000) AED Imm.</p> <p>La. Rev. Stat. Ann. §40.1236.13 (West 2000) Training Req.</p> <p>Provides immunity for rescuers</p> <p>Encourages/requires AHA or other nationally recognized course</p>
Maine	<p>Me. Rev. Stat. Ann. §32-93 (1985)</p> <p>Me. Rev. Stat. Ann. Tit. 14 §164 (West 2000), Gen., Stat</p> <p>Provides immunity for rescuers</p>
Maryland	<p>Md. Code Ann., Cts. & Jud. Pro. §5-603 (1982) Gen. Stat</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers, except trainees</p> <p>Encourages CPR & AED Training</p>
Massachusetts	<p>Mass. Gen. Laws Ann. Ch. 12 §111c, 112 (2000) AED Stat</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers—MD, Acquirer</p> <p>Encourages/requires AHA or ARC guidelines training</p>
Michigan	<p>Mich. Stat. Ann. §691.1501 (1987)</p> <p>Mich. Comp. Laws §333.70965(2) (1999) AED Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p>
Minnesota	<p>Minn. Stat. §604.A.01 (1994)</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers as part of a Good Samaritan</p>

Mississippi	<p>Miss. Code Ann. §73-25-37 (1962) amended 2000</p> <p>Immunity provided for trained responders</p> <p>Immunity provided for trainers and MD's only as acquirers and Enablers</p> <p>Encourages/requires CPR and AED training</p>
Missouri	<p>Mo. Rev. Stat. §190.092 (2000) AED Immunity</p> <p>Mo. Rev. Stat. §537.037 (1979) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Does not provide immunity for acquirers and enablers</p> <p>Encourages/requires CPR and AED training</p>
Montana	<p>Mont. Code. Ann. §27-1-714(1963) Gen. Stat.</p> <p>Mont. Code. Ann. 50-6-505 (2000) AED Limited Liability</p> <p>Mont. Code. Ann. 50-6-501 (2000) AED Def.</p> <p>Mont. Code. Ann. 50-6-502 (2000) Req. for AED use</p> <p>Mont. Code Ann. 50-6-503 (2000) Training Reqs.</p> <p>Mont. Code Ann. 27-1-186 (2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED Training</p>
Nebraska	<p>Neb. Rev. St. §71-5194 (1997)</p> <p>Neb. Rev. St. §71-5178 (2000) AED Plan</p> <p>Neb. Rev. St. §71-51,102 (2000) AED Def.</p> <p>Neb. Rev. St. §25-21-186 (2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Does not provide immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED Training</p>

Nevada	<p>Nev. Rev. Stat. §41.500 (1963)</p> <p>Nev. Rev. Stat. §41.500.8 (2000) AED User Limited Liability</p> <p>Nev. Rev. Stat. §41.506 (2000) Gen. Stat.</p> <p>Provided immunity for rescuers</p> <p>Provides immunity for acquirers and enablers, except physicians</p> <p>Encourages/requires CPR & AED training- AHA or ARC standards</p>
New Hampshire	<p>N.H. Rev. Stat. Ann. § 508:12 (1997) Gen. Stat.</p> <p>N.H. Rev. Stat. Ann. § 153-A:11(2000) AED Exception to Liability</p> <p>N.H. Rev. Stat. Ann. §153-A:28 (2000) intent</p> <p>N.H. Rev. Stat. Ann. §153-A:29 (2000) def.</p> <p>N.H. Rev. Stat. Ann. §153-A:30 (2000) training</p> <p>N.H. Rev. Stat. Ann. §153-A:31 (2000) AED limited liability</p> <p>N.H. Rev. Stat. Ann. §508.12-a(2000)</p> <p>Provides immunity for rescuers</p> <p>Encourages/requires CPR & AED training</p>
New Jersey	<p>N.J. Stat. Ann. §2A:62A (1963)</p> <p>N.J. Stat. Ann. §2A:2A-23 (West 2000) legis. Findings on AED</p> <p>N.J. Stat. Ann. §2A-62A-24 (West 2000) AED Def.</p> <p>N.J. Stat. Ann. §2A-62A-25 (West 2000) Req. of Acquisition of AED</p> <p>N.J. Stat. Ann. §2A:62A-26 (West 2000) Cert for use</p> <p>N.J. Stat. Ann. §2A:62A-27 (West 2000) AED Civil Liab.</p> <p>N.J. Stat. Ann. §2A-62A-1 (West 2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>For AED in business/comm. Sites requires company to have plan in place before Dr. will prescribe AED.</p> <p>Encourages/requires CPR & AED Training</p>

New Mexico	<p>N.M. Stat. Ann. §24-10B-4M (Michie 2000) AED Plan</p> <p>N.M. Stat. Ann. §24-10C—2 (Michie 2000) Legis. Findings</p> <p>N.M. Stat. Ann. §24-10C-3 (Michie 2000) AED Def.</p> <p>N.M. Stat. Ann. §24-10C-4 (Michie 2000) AED Req.'s for use</p> <p>N.M. Stat. Ann. § 24-10-3 (Michie 2000_ Gen. Stat</p> <p>Provides immunity for rescuers</p> <p>Provided immunity for acquirers and enablers</p> <p>Encourages/requires nationally recognized courses on CPR & AED</p>
New York	<p>N.Y. Pub. Health Law §3000-a(McKinney 2000) AED User Immunity</p> <p>N.Y. Pub. Health Law §3000-b(McKinney 2000) AED Def.</p> <p>N.Y. Pub. Health Law §3013 (McKinney 2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED Training</p>
North Carolina	<p>N.C. Gen. Stat. §90-21.14 (1975)</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED training</p>
North Dakota	<p>N.D. Cent. Code §32-03 (1987)</p> <p>N.D. Cent. Code §32-03-40(1999) Emer. Treatment Immunity</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED training</p>

Ohio	<p>Ohio Rev. Code Ann. §2305.23 (1977)</p> <p>Ohio Rev. Code Ann. §3701.85 (Anderson 2000) Duty of AED Owner</p> <p>Ohio Rev. Code Ann. §4765.36 (Anderson 2000) First Responder Def.</p> <p>Ohio Rev. Code Ann. §4765.37 (Anderson 2000) EMT Def.</p> <p>Ohio Rev. Code Ann. §4765.49 (Anderson 2000) Immunities</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for physician and trainer</p> <p>Encourages/requires CPR & AED but does not tie training to Immunity</p>
Oklahoma	<p>Okla. Stat. Tit. 76 §5 (1979) Gen. Stat.</p> <p>Okla. Stat. Tit. 76 §5A (2000) AED User Immunity</p> <p>Provides immunity for rescuers</p> <p>Encourages/requires CPR and AED training</p>
Oregon	<p>Or. Rev. Stat. §30.801 (1999) AED User Immunity</p> <p>Or. Rev. Stat. §30.800 (1999) Emer. Assist. Immunity</p> <p>Or. Rev. Stat. §682.135 (1999) Req. for License</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers, trainers and MDs.</p> <p>Encourages/requires course approved by Health Division of Dept. of Dept of Human Resources</p>
Pennsylvania	<p>PA. Cons. Stat. Ann. Tit. 42 §8331 (1978) Gen. Stat.</p> <p>Amended 2000 for AED user immunity</p> <p>Provides immunity for Rescuers</p> <p>Does not provide immunity for acquirers and enablers</p>

Rhode Island	<p>R.I. Gen. Laws §9-1-34 (2000) AED User Immunity</p> <p>RI Gen. Laws §23-6.2.2 (2000) Approving Placement of AED's</p> <p>RI Gen. Laws §23-6.2-1 (2000) Decl. Of RI Policy on AED's</p> <p>RI Gen. Laws §9-1-27.1 (1953) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers (trainers and medical directors only)</p> <p>Encourages/requires CPR & AED training to AHA or ARC standards</p>
South Carolina	<p>S.C. Code Ann. §44-76-10 (Law Co-op 2000) AED Act</p> <p>S.C. Code Ann. §44-76-20 (Law Co-op 2000) AED Def.</p> <p>S.C. Code Ann. §44-76-30 (Law Co-op 2000) Training</p> <p>S.C. Code Ann. §44-76-40 (Law Co-op 2000) User Immunity</p> <p>S.C. Code Ann. §44-76-50 (Law Co-op 2000) Applicability of Act</p> <p>S.C. Code Ann. §15-1-310 (1962) Gen. Stat</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers of AEDS and prescribing Physicians; no immunity for trainers</p> <p>Encourages/recommends AHA or ARC standards of training</p>
South Dakota	<p>S.D. Codified Laws §20-9-3 (1968)</p> <p>S.D. Codified Laws §20-9-4.3 (Michie 2000) AED Def.</p> <p>S.D. Codified Laws §20-9-4.4 (Michie 2000) AED user Immunity</p> <p>S.D. Codified Laws §20-9-4.6 (Michie 2000) AED trainer Immunity</p> <p>S.D. Codified Laws § 20-9-4.7 (Michie 2000) Owner notif. Requirements</p> <p>S.D. Codified Laws §20-9-4.1 (Michie 2000) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED training</p>

Tennessee	<p>Tenn. Code Ann. §63-6-218 (1963)</p> <p>Tenn. Code Ann. §68-140-701-68-140-710 (1999)</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR & AED training</p>
Texas	<p>Tex. Health & Safety Code Ann. §779.006 (West 2000) AED immunity</p> <p>Tex. Health & Safety Code Ann. §779.001 (West 2000) AED definition</p> <p>Tex. Health & Safety Code Ann. §779.002(West 2000) AED training</p> <p>Tex. Health & Safety Code Ann. §779-003 (West 2000) AED maintenance</p> <p>Tex. Health & Safety Code Ann. §779.004 (West 2000) AED use</p> <p>Tex. Health & Safety Code Ann. §779.005 (West 2000) Not. Reqs.</p> <p>Tex. Health & Safety Code Ann. §779-006 (West 2000) Owner Reqs.</p> <p>Tex. Civ. Prac. & Rem. Code Ann. §74-74.001 (West 1977) Liability Immunity</p> <p>Tex. Civ. Prac. & Tem. Code Ann. § 74.002 (West 2000) Lic. Req.</p> <p>Provides immunity only for trained users</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires CPR and AED training approved by the Department of Health</p>
Utah	<p>Utah Code Ann. §78-11-22 (1953)</p> <p>Utah Code Ann. §58-31b-701 (1999) AED User Immunity</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for healthcare providers providing instruction on use of AED</p> <p>Encourages/Requires CPR & AED training at AHA guidelines</p>
Vermont	<p>VT. Stat. Ann. Tit. 78 §11-22(1977)</p> <p>Provides immunity for rescuers</p>

Virginia	<p>Va. Code Ann. §8.01-225 (1967) Gen. Stat.</p> <p>Va. Code Ann. §8.01-225.A.6 (Michie 1999) AED user Indemnity</p> <p>Provides immunity for rescuers</p> <p>Providers immunity for AED acquirers and enablers</p> <p>Encourages/requires CPR & AED training</p>
Washington	<p>Wash. Rev. Code §70.136.070 (1987) Gen. Stat.</p> <p>Wash. Rev. Code §70-54.310 (1999) Immunity for AED User</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers of AEDs and enablers</p> <p>Encourages/requires CPR & AED training per AHA guidelines</p>
West Virginia	<p>W. Va. Code Ann. §55-7-15 (1966) Gen. Stat.</p> <p>W. Va. Code §16-4D-4 (1999) AED User limitation on Liability</p> <p>W.Va. Code §16-4D-1 (1999) Legis. Findings</p> <p>W.Va. Code §16-4D-2 (1999) AED def.</p> <p>W.Va. Code §16-4D3 (1999) Early AED programs</p> <p>W.Va. Code §55-7-15 (1999) Gen. Stat.</p> <p>Provides immunity for rescuers</p> <p>Provides immunity for acquirers and enablers</p> <p>Encourages/requires training at CPR & AED training at AHA Standards</p>
Wisconsin	<p>Wis. Stat. §895.48 (1977) Limitations on liability</p> <p>Wis. Stat. §146.50 (2000) AED Def.</p> <p>Provides immunity for trained rescuers</p> <p>Provides immunity for providers, owner and trainers for AED device</p> <p>Encourages/requires training approved by Dept. of Health and Family Services</p>

Wyoming

Wyo. Stat. Ann. § 35-26-103 (Michie 2000) AED Limited Liability

Wyo. Stat. Ann. § 35-26-101 (Michie 2000) AED Def.

Wyo. Stat. Ann. § 35-26-102 (Michie 2000) AED use

Wyo. Stat. Ann. § 1-1-120 (1977) Gen. Stat.

Wyo. Stat. Ann. § 33-36-108 (Michie 2000) Gen. Exemptions

Provides immunity for rescuers

Provides immunity for acquires and enablers of AED

Encourages/requires CPR & AED training

APPENDIX D

Training and Education

The following is a preliminary listing of educational and training sites (facilities and websites) and documents that may be helpful to Citizen Corps Councils and MRC units in considering training opportunities.

TRAINING CENTERS

Clara Barton Center for Domestic Preparedness (Pine Bluff, Arkansas)

A center of the American Red Cross.

Public Health Service Noble Training Center (Anniston, Alabama)

Trains doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures and other public health emergencies. A training program has been developed for pharmacists working with distribution of the National Pharmaceutical Stockpile. Expansion of the bioterrorism component of the Noble Training Center curriculum is a high priority for HHS.

Federal Emergency Management Agency National Emergency Training Center (Emittsburg, Maryland)

BROADCAST TRAINING-LIVE RESPONSE PROGRAMS

The Office for Domestic Preparedness (ODP) and the Technical Support Working Group (TSWG), in cooperation with the Federal Emergency Management Agency (FEMA) Education Network (EENET), sponsor “**Live Response**.” “**Live Response**” is an hour-long training broadcast in which a panel of experts explores topics related to Weapons of Mass Destruction (WMD) consequence management and engages in question and answer sessions with the program audience. “**Live Response**” is produced by the National Terrorism Preparedness Institute (NTPI) of St. Petersburg College and is a recurring satellite and internet training broadcast offering Weapons of Mass Destruction (WMD) related awareness information to the Nation’s civilian and military emergency response communities. Examples of topics included are: understanding the capabilities and limitations of response equipment and technologies and the need to establish redundant systems for making time-critical decisions in the field, understanding what resources exist to match unmet functional needs with possible technological solutions, and cross-training technical support personnel. “**Live Response**” experts welcome phone calls concerning these and other issues and invite viewers to network during the program on the program’s interactive message board.

For more information visit the following website:

<http://terrorism.spjc.edu/NTPTliveresponse.htm>

Broadcast network coordinators and distance learning site administrators may register to participate in the program at the following website:
<http://www.dlnets.com/cdvregistration.htm>.

The program is also broadcast at: <http://terrorism.spjc.edu/webcast.htm>.

INTERNET BASED EDUCATION AND TRAINING

FEMA Training

The Federal Emergency Management Agency

<http://www.fema.gov>

National Library of Medicine (NLM)

NLM has rapidly accessible information on the transmission, diagnosis, and treatment of possible agents of biological and chemical warfare.

<http://www.sis.nlm.nih.gov/Tox/biologicalwarfare.htm>

<http://www.sis.nlm.nih.gov/Tox/ChemWar.html>

<http://www.nlm.nih.gov/medlineplus/anthrax.html>

NDMS Response Team Training Program

The goal of this program is to ensure that all National Disaster Medical System team members have appropriate orientation and training for optimal in-field performance. This on-line training program allows team members to receive training as their schedule permits from any computer that has Internet access. Content has been developed by a functional working group of response team members under the guidance of the DHHS Office of Emergency Preparedness.

On-line assessment tools verify competency and completion of each module. Individual progress is tracked by both OEP and response team administrators. At this time, this training is available only to NDMS team members. Information about becoming an NDMS member is available at: <http://www.ndms.dhhs.gov>.

Commissioned Corps Readiness Force (CCRF) Training Program

This is an online training program for members of the U.S. Public Health Service Commissioned Corps Readiness Force, to help ensure that members have appropriate orientation and training for operational field performance.

CCRF Members Categorized as **Non-Medical** (dietitians, engineers, environmental health officers, health services officers, pharmacists, scientists, and therapists) complete the following curriculum:

- Introduction to the CCRF,
- Introduction to NDMS,
- Preparing for Deployment,
- Establishing the Base of Operations (BOO),

- Disaster Health,
- Disaster Issues in Public Health,
- Cultural Sensitivity in Disaster Response,
- Rapid needs Assessment for Disaster Health Response,
- International Public Health Response,
- Mental Health Preparedness for Responders.

CCRF Members categorized as **Medical** (dentists, health services officers/physician assistants, medical officer and veterinarians) complete the following additional units in addition to the above:

- Civil-Military Operations in Disaster Response,
- Trauma and Injuries,
- Special Issues in Disaster Care,
- Special Therapeutic Interventions.

Program development and technical support for this training is provided by the Department of Emergency Health Services, University of Maryland Baltimore County and Wired4Life. <http://www.ehs.umbc.edu/>

American Medical Association Bioterrorism and other Disaster Resources for the Physician

This educational resource currently includes information on anthrax, antibiotic misuse, bioterrorism, botulinum toxin, chlordane during time of disaster, organized medicine's role in the national response to terrorism, diagnosis and treatment related to disaster medicine problems, hospital preparedness, post-traumatic stress disorder, smallpox, tularemia, and responding to the growing threat of biological weapons.

<http://www.ama-assn.org/ama/pub/category/6671.html>

Bioterrorism Practical Readiness Network (Bio-PRN)

This free educational and informational program serves as a quick reference and intervention guide for physicians and health care administrators in studying, recognizing and treating diseases associated with bioterrorism. This network was established through a partnership of three businesses (AdvancePCS, the Medical Group Management Association, and the medical Learning Co.). Bio-PRN can be accessed through each of the partners' Web sites:

www.AdvancePCSMdnet.com/phys_bioterror.html; www.mgma.com/bioprn.cfm, or www.familypractice.com. The site is recommended for physicians and health care administrators. Physicians can examine virtual hypothetical patients exposed to agents used in bioterrorism. The site provides comprehensive references on biological agents; disease management flash cards with information on history, signs, symptoms, diagnosis, testing, treatment and prevention.

Medical Response to Weapons of Mass Destruction

This course is collaboration among, Lippincott Williams & Wilkins, the Uniformed Services University of the Health Sciences (USUHS) and Medantic Technology. It is a course on nuclear, biological and chemical warfare for healthcare providers. This interactive online course is designed to provide medical professionals with information and rapid decision-making skills for response environments. The web-based format allows for easy access. The content is from experts at the U.S. Uniformed University of Health Sciences (USUHS). It includes ten interactive modules that address the most likely agents connected with terrorist attacks, including anthrax, smallpox and agent 15. The modules include lectures, cases and tests. Additional lecture modules are available, including psychological/psychiatric aspects, decontamination and logistics. A Certificate of Completion is issued by USUHS. For more information go to: <http://www.wmddemo.com>. To order call: (800) 326-1685 or email: halexand@Lww.com

Primary Care Physicians—Diagnosis of smallpox, anthrax and other Bioterrorism-Related Infections:

This website is sponsored by the Agency for Health Research and Quality (AHRQ) of the U.S. Department of Health and Human Services. It is directed toward the estimated 265,000 primary care physicians across the country to enhance their ability to diagnose and treat rare infections and exposures to bioterrorism agents, such as smallpox and anthrax. The site was prepared by the University of Alabama at Birmingham under a contract from AHRQ. It offers five online courses for hospital emergency department physicians, nurses, radiologists, pathologists and infection control practitioners. Courses cover identification of potential bioterrorism agents, including smallpox and anthrax and commonly associated syndromes. <http://www.bioterrorism.uab.edu>

American Academy of Pediatrics

This website provides information about the special vulnerabilities and the unique treatment needs of children during disasters. For example, children need different dosages of medicine than adults, different sized equipment than adults, as well as special consideration during decontamination efforts. Children also have unique mental health needs. It is critical that all community preparedness efforts involve pediatric health experts as well as key facilities, institutions and agencies that care for children. <http://www.aap.org>

An Orientation to Community Disaster Exercises (FEMA)

This study course includes a videocassette and a student manual that provides an orientation to the types of exercises used to test and evaluate a community's emergency plan. The content illustrates the eight basic steps to exercise design and emphasizes the use of a design team to ensure the success of a community's exercise program. The training is web-based with a video available.

Target audience: administrators/managers, community leaders, planners. No cost. <http://www.fema.gov/emi/is120.htm>

Nor-E First Response, Inc.

This firm produces and sells decontamination equipment. Their on-line interactive discussion sessions provide useful information ranging from weapons of mass destruction basics to proven decontamination processes. Their on-line transmissions include, for example, answers to frequently asked questions regarding decontamination systems and processes. Email: info@nor-e.com; Web site: <http://www.nor-e.com>

HANDS-ON TRAINING/COURSES

American Heart Association (AHA)

The AHA and its local chapters provide training for Basic Life Support (BLS), Cardiopulmonary Resuscitation (CPR), Automated External Defibrillator (AED) use, and other “Heartsaver” training. Courses are posted on the AHA website at: www.americanheart.org

Many of these courses are free. For example, the AHA will pay for training for up to two teachers or school staff members per high school to become instructors who can teach the Heartsaver CPR in their school.

American Red Cross: Health and Safety Training

(Courses and materials are available in Spanish and English)

The American Red Cross provides training for the public in First Aid, Cardiopulmonary Resuscitation, and Automated External Defibrillators (AEDs). Information on specific course availability is available through local chapters.

National Association of School Nurses (NASN)

NASN offers “Managing School Emergencies” training, a three part course. Part III addresses responding to multiple trauma and mass casualty. Information is available at: www.nasn.org

Red Cross Training for Professional Rescuers.

This is a comprehensive course for first- responders based on the 1995 US DOT First Responder National Standard Curriculum. Courses include:

- CPR for the Professional Rescuer,
- AED Essentials,
- Oxygen Administration,
- Preventing Disease Transmission.

Videos are available on multiple topics for community disaster education (chemical emergencies, earthquakes, hurricanes, winter storms, general preparedness).

<http://www.americanredcross.org/services/hss/courses>

Society of Critical Care Medicine – Fundamental Critical Care Support (FCCS) Program. Provider and instructor courses are held throughout the year at both domestic and international sites. The Society's FCCS course provides instruction on the initial management of the critically ill or injured patient while awaiting critical care expertise. This includes care related to mechanical ventilation, monitoring, organ hypoperfusion, and neurological support. The FCCS course consists of: interactive standardized lectures, interactive skill stations, and the Third Edition Textbook. The FCC covers principles required for the first 24 hours of critical care and complements ACLS and ATLS instruction. The FCCS program is most beneficial to healthcare providers without formal critical care training, including: primary care physicians, emergency medicine physicians, nurses, critical care fellows beginning their training, residents in training, physician assistants, pre-hospital providers with lengthy patient transfer. For additional information e-mail: fccs@sccm.org or go to www.sccm.org.

ACADEMIC INSTITUTIONS

Dartmouth College, Institute for Security Technology Studies. Terrorism First Response ADL Project.

Louisiana State University (LSU), Department of Environmental Studies, Disaster Science and Management Program. Studies using models to understand hazards—vulnerability and consequence assessment.
<http://www.risk.lsu.edu>

St. Petersburg College, National Terrorism Preparedness Institute (NTPI) In cooperation with the Office of Domestic Preparedness (ODP) and the Technical Support Working group (TSWG), and the Federal Emergency Management Agency Emergency Education Network (EENET) regular hour-long training broadcasts explore topics related to Weapons of Mass Destruction (WMD) consequence management. Each session involves a panel of experts and there is a live question and answer session with the broadcast audience. The program is available for viewing over various government and commercial networks.

Topics include: understanding the capabilities and limitations of response equipment and technologies and the need to establish redundant systems for making time-critical decisions in the field, understanding what resources exist to match unmet functional needs with possible technological solutions, and cross-training technical support personnel. The panel of experts welcome phone calls concerning these issues and invite viewers to network during the program's interactive message board.

For more information visit the following website:

<http://terrorism.spjc.edu/NTPTliveresponse.htm>

To register to participate in a program go the following website:

<http://terrorism.spjc.edu/>

Programs are webcast at: <http://terrorism.spjc.edu/webcast.htm>

STATE PROGRAMS

Georgia – Community-Wide Training Program – “Terrorism and the Medical Community.” This program is coordinated by the Georgia Department of Human Resources, Division of Public Health, in collaboration with the Georgia Hospital Association, Medical Association of Georgia, Georgia Office of Rural Health Services, Infectious Disease Society of Georgia and the Georgia College of Emergency Physicians.

There will be a series of one-day workshops, beginning with a pilot for the workshops to be held in the Georgia Emergency Management Agency (GEMA Area 2) in early August 2002. At this time, the plan includes seven additional workshops to be held from September 1 to mid-December 2002.

The Program audience will be physicians, nurses, hospital administrators, hospital security staff, infection control practitioners, physician assistants, public health staff, emergency management personnel, medical examiners/coroners, EMS personnel, pharmacists, hospital patient representatives (social workers), hospital chaplains, respiratory therapists.

The program will cover:

- An overview of emergency management and response, including the incident command system.

- Coordination issues between the medical community and public health, emergency management, law enforcement and other partners.
- Templates for actions to be taken by individual medical providers, hospitals, and communities following the detection of a potential terrorist attack.
- Community-wide planning.

CURRICULA AND LITERATURE

“New Disaster Curriculum for Schools of Public Health”

This new book can be ordered from the Public Health Foundation:
<http://bookstore.phf.org/prod170.htm>. This book highlights the fuller curriculum, which is described below.

“Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century”

This document contains a model curriculum for schools of public health and others involved in training programs for emergency preparedness. Materials include transparencies and 13 tabbed modules in a 3-ring binder. Examples of the modules include:

- Overview of types of hazards and disasters and their consequences,
- Roles and responsibilities of public health in disaster preparation, mitigation, planning, and response,
- Bioterrorism issues in public health response to disaster; and
- Evaluation methods for assessing the medical and public health response to disaster.

The course was designed to be flexible in meeting the needs of schools. Instructors may wish to teach the modules as a unified course or may choose to use individual modules as lectures in already established courses.

“Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century” was edited by Linda Landesman, DrPH, MSW, formerly of the Albert Einstein College of Medicine, through support of the Centers for Disease Control and Prevention and the Association of Schools of Public Health. Target Audience: Academicians, Community Leaders, Environmental Health Professionals, Health Planners, Infection Control Professionals, Program Managers, Public Health Program Staff

“Biological Warfare and Terrorism: Medical Issues and Response”

Student Material Booklet, Food and Drug Administration and the U.S. Army Medical Research Institute of Infectious Diseases, September 2000. This document contains information on threats of biological warfare and terrorism, including biological agents; principles for managing a bio-weapon attack using a military scenario; and response to bioterrorism, including response to foodborne

bioterrorism. Limited copies may be obtained through direct request to the Office of the Surgeon General at (301) 443-4000.

“Health Management of Natural Disasters,” Scientific Publication No. 407, Pan American Health Organization, Washington, D.C. 20037. This publication provides information on structuring health disaster management, disaster preparedness, disaster mitigation in the health sector, coordination of disaster response activities and assessment of health needs, mass casualty management, epidemiological surveillance and disease control, environmental health management, food and nutrition, communications and transport, management of humanitarian relief supplies, management of international humanitarian assistance, and reestablishment of normal health programs.

<http://www.paho.org/disasters/>

“The Public Health Consequences of Disasters”

Edited by Dr. Eric Noji
Oxford University Press
USA Dictionaries Program
263 Main, Suite 301
Old Saybrook, CT 06475
Phone: (860) 388-6664

This book summarizes recent and useful information about the public health impact of natural disasters, illustrated by examples from recent research in the field. The author starts with a section on the concepts and role of surveillance and epidemiology, highlighting general environmental health and health concerns. The other chapters cover discrete types of natural and technological hazards, covering their history, origin, nature, observation, prevention, and control. Throughout the book the focus is on the level of epidemiological knowledge on each aspect of natural disasters. Noji emphasizes the need for better epidemiological awareness as the basis for better understanding and control of the different types of disasters. Each chapter is based on a variety of experiences and literature drawn from both developing and industrialized countries.

Target Audience: Academicians, community leaders, environmental health professionals, health planners, infection control professionals, program managers, public health program staff.

APPENDIX E

Relevant Government Agencies

U.S. Department of Health and Human Services (DHHS)

DHHS has federal responsibility for meeting the needs of Americans faced with health and medical problems in emergencies. The DHHS office of Emergency Preparedness (OEP) coordinates the federal health and medical response and recovery activities for DHHS, working with other federal agencies and the private sector. DHHS' Centers

terrorism involving the use of infectious agents.

DHHS coordinates Disaster Medical Assistance Teams (DMAT); Disaster Mortuary Operational Response Teams (DMORT); Veterinary Medical Assistance Teams (VMAT); and other medical specialty teams located throughout the country, which can be deployed immediately in the event of natural disasters. DHHS also coordinates the National Medical Response Teams for Weapons of Mass Destruction to deal with the medical consequences of incidents involving chemical, biological, or nuclear materials, and is helping metropolitan areas across the nation. More information on these activities can be found on the Web at: <http://www.ndms.dhhs.gov/>

Agency for Toxic Substance and Disease Registry (ATSDR)

The ATSDR has developed methods for determining whether buildings are contaminated with, for example anthrax spores. CDC and ATSDR issue recommendation on how to conduct environmental sampling and how laboratories should analyze samples. CDC and ATSDR also issue recommendation to protect first responders, investigators and cleanup personnel. <http://www.bt.cdc.gov>

Centers for Disease Control and Prevention (CDC)

CDC supports a national **Health Alert Network (HAN)** that includes the **National Electronic Disease Surveillance System (NEDS)**, and the **Epidemic Information Exchange (Epi-X)**. These networks are an important part of America's capacity to stay ahead of the curve on major disease outbreaks.

CDC also publishes the "**Morbidity and Mortality Weekly Report**," which has included information on dealing with health situations in emergencies, including such issues as anthrax and bioterrorism. <http://www.cdc.gov/mmwr/indexbt.html>

CDC operates the **National Pharmaceutical Stockpile Program (NPS)**, a major national security asset. The NPS enables rapid response for a mass requirement for antibiotics, antidotes, vaccines and medical materiel to help save lives and prevent further spread of disease resulting from a major threat (e.g. terrorist biological agent attack). NPS can provide "12-hour Push Packages" of pharmaceutical and medical supplies.

CDC awards cooperative agreements to the states, territories and several metropolitan health departments to support preparedness planning and readiness assessment;

epidemiology and surveillance; laboratory capacity for biological or chemical agents; and, the Health Alert Network.

Department of Agriculture (USDA)

USDA plays an important role, in cooperation with the Centers for Disease Control and the Food and Drug Administration in ensuring the safety of America's food supply. Additionally, USDA plays an important role during emergencies in which livestock are among those affected.

Department of Defense (DOD)

DOD is a partner, along with HHS, the VA and FEMA, in the National Disaster Medical System. During disasters, DOD has the lead responsibility for patient evacuation activities. DOD and VA share responsibility for definitive care activities, including management of a network of 2,000 non-federal hospitals to ensure that hospital bed can be made available through a system of Federal Coordinating Centers.

Department of Justice (DOJ)

The Office of Domestic Preparedness of the Office of Justice Programs has supported implementation of a program in all 50 states, the District of Columbia and the five U.S. territories to develop comprehensive three-year Domestic Preparedness Strategies. These strategies are based on an integrated set of threat, risk and public health assessments conducted at the local level, which identify the specific level of response capability necessary for a jurisdiction to respond effectively to a WMD terrorist incident. When assembled and analyzed, this package will present a comprehensive picture of equipment, training, exercise and technical assistance needs across the nation. DOJ, in cooperation with CDC, will support fulfillment of equipment and training needs. State and local agencies are authorized, at this time, to purchase only defensive equipment designed to protect emergency responders as well as chemical and biological detection equipment.

Department of Veterans Affairs (VA)

The Department of Veterans Affairs is a partner, along with HHS, DOD and FEMA, in the National Disaster Medical System. The VA provides other needed medical support during disasters, including staffing of the HHS/OEP Emergency Operations Center, provision of additional medical and nursing personnel at the scene, and opening, as needed, VA hospitals to receive patients. The VA is one of the largest purchasers of pharmaceutical and medical supplies. The VA, under an agreement with OEP, manages and stores the four National Medical Response Team specialized pharmaceutical caches.

Environmental Protection Agency (EPA)

EPA has a long history of addressing environmental health threats through remediation programs.

Federal Emergency Management Agency (FEMA)

FEMA has overall lead in the Federal Government for consequence management affairs during an emergency. FEMA tasks HHS to provide critical services, such as health and medical care; preventive health services; mental health care; veterinary services; mortuary activities; and any other public health or medical service that may be needed in the affected area.

Food and Drug Administration (FDA)

FDA plays an essential role in protecting our food supply, including inspections of products through their regional network. FDA actively cooperates with DOD, NIH, CDC and others on drug and vaccine development, including those which may be needed in emergency situations.

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration is the U.S. Government's primary funding agency to enhance delivery of health services to the medically under-served. A program to enhance hospital performance capability during emergencies was launched in 2002.

Indian Health Service (IHS)

The Indian Health Service has strong capabilities in the fields of sanitary engineering, primary health care, health education, and health services delivery.

National Institutes of Health (NIH)

The NIH research program includes a component focused on possible agents of bioterrorism. Spearheaded by the National Institute of Allergy and Infectious Diseases, the program includes both short- and long-term research targeted at the design, development, evaluation and approval of diagnostics, therapies and vaccines needed to control infectious caused by microbes with potential for use as biological weapons.

National Library of Medicine (NLM)

The NLM, a component of the National Institutes of Health, provides specialized information services, which are relevant to emergency situations. For example, NLM has a rapidly accessible information on the transmission, diagnosis, and treatment of possible agents of biological and chemical warfare.

<http://www.sis.nlm.nih.gov/Tox/biologicalwarfare.htm>

<http://www.sis.nlm.nih.gov/Tox/ChemWar.html>

<http://www.nlm.nih.gov/medlineplus/anthrax.html>

APPENDIX F

USEFUL WEB SITES

Agency for Toxic Substance and Disease Registry, DHHS

<http://www.atsdr.cdc.gov/>

Americorps

<http://www.americorps.org/>

American Academy of Pediatrics - children, bioterrorism and disasters website

<http://www.aap.org/advocacy/emergprep.htm>

American Heart Association

<http://www.americanheart.org/>

American Hospital Association

<http://www.AHA.org>

Click on "Disaster Readiness"

American Medical Association education site

<http://www.ama-assn.org/>

American Public Health Association

<http://www.apha.org/>

American Red Cross - training information

<http://www.americanredcross.org/services/hss/courses>

Centers for Disease Control and Prevention public health emergency preparedness and response site

<http://www.bt.cdc.gov/>

CDC National Pharmaceutical Stockpile Program

<http://www.cdc.gov/nceh/nps>

Citizen Corps, USA Freedom Corps at the White House

<http://www.citizencorps.gov>

Community Emergency Response Teams

<http://training.fema.gov/EMIWeb/cert/index.htm>

Core Competencies for Public Health Workers for Emergency Response

<http://cpmncet.columbia.edu/dept/nursing/institute-centers/chphsr/ERMain.html>

Emergency Management Guide for Business

<http://www.fema.gov/library/bizindex.shtm>

Emergency Preparedness Check List from FEMA

<http://www.fema.gov/rrr/emprep.shtm>

Food and Drug Administration Bioterrorism Page
<http://www.fda.gov/oc/opacom/hottopics/bioterrorism.html>

Food and Water in an Emergency
<http://www.fema.gov/rrr/foodwtr.shtm>

Johns Hopkins University's Center for Civilian Biodefense Strategies
<http://www.hopkins-biodefense.org/>

Joint Commission on Accreditation of Healthcare Organizations
<http://www.jcaho.org/>

National Association of Children's Hospitals re terrorism
<http://www.childrenshospitals.net/>

National Association of School Nurses concerning Bioterrorism Preparedness
<http://www.nasn.org>

National Association of School Psychologists
<http://www.apa.org/>

National Center for Children Exposed to Violence
<http://www.nccev.org>

National Poison Control Centers
<http://www.aapcc.org/>

Office of Public Health Preparedness (OEP), DHHS
<http://www.hhs.gov/ophp/>

Pan American Health Organization
<http://www.paho.org/>

Preparedness Guide for Families and Individuals at Home and at Work
<http://www.fema.gov/rrr/displan.shtm>

State Health Departments, list of
http://www.apha.org/public_health/state.htm

Uniformed University of the Health Sciences
Disaster Care Resources
Center for the Study of Traumatic Stress
<http://www.usuhs.mil/>

World Health Organization
<http://www.who.int/>

The appearance of a hyperlink does not constitute endorsement by the Office of the Surgeon General (OSG) of the Public Health Service. OSG does not exercise any editorial control over the information you may find at the sites above.

APPENDIX G

Glossary of Abbreviations, Acronyms and Terms

A

ACEM	American College of Emergency Medicine
ACLS	Advanced Cardiac Life support
AED	Automated External Defibrillators
AEL	Approved Equipment List
AHA	American Heart Association
AHEC	Area Health Education Center. A network funded in part by the Health Resources and Services Administration, DHHS.
ARC	American Red Cross

B

BLS	Basic Life Support
BOO	Base of Operations
BTLS	Basic Trauma Life Support

C

CAM	Chemical Agent Monitor (DOD rules prevent transfer to a civilian agency.)
CATN	Course in Advanced Trauma Nursing
CATS	Consequence Assessment Tools
CBDCOM	Chemical Biological Defense Command of the Department of Defense
CCRF	Commissioned Corps Readiness Force of the US Public Health Service, DHHS
CEM	Comprehensive Emergency Management
CERT	Community Emergency Response Team. A component of the Citizen Corps, USA Freedom Corps. It includes a training program that prepares people in neighborhoods, the workplace, and schools to take a more active role in emergency management planning and to prepare themselves and others for disasters.
CISM	Critical Incident Stress Management
CME	Continuing Medical Education
CONUS	Continental United States

D

DFO	Disaster Field Office
DMAT	Disaster Medical Assistance Team. A self-sufficient team of 35 health professionals which can be mobilized within 72 hours to respond to an emergency in the U.S. or overseas. This includes specialized teams such as search and rescue teams (SAR). There are currently 83 federally-recognized DMATs in the United States. Over 7,000 private sector medical and support personnel participate on these teams.
DMORT	Disaster Mortuary Team, which is part of the National Disaster Medical System
DOMS	Director of Military Support
DSTIP	Disaster Services Technical Integration System
DWI	Disaster Welfare Information system, being developed by the American Red Cross.

E

ED	Emergency Department
EMAC	Emergency Management Assistance Compact. An interstate mutual aid system that has been formalized. This was approved by Congress in 1996 as Public Law 104-321. Forty-one states and two territories have ratified EMAC.
EMI	Emergency Management Institute of FEMA (Federal Emergency Management Agency)
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENA	Emergency Nurse Association
EOC	Emergency Operations Center
EQ	Earthquake
ESF 8	The health/medical component of the National Disaster Medical System.

F

FCC	Federal Coordinating Center. These are coordinating centers that have been created within communities to coordinate with the Federal government. Some of the FCCs have played a role in MMRS development in the communities they serve. (Not to be confused with the Federal Communications Commission).
FDA	Food and Drug Administration of the U.S. Department of Health and Human Services

	FEMA	Federal Emergency Management Agency
	FOG	Field Operations Guide. The FOG lists all job functions for field operations in order to help create a unified approach.
H		
	HAN	Health Alert Network. Established by the Centers for Disease Control and Prevention as part of the national public health systems and data architecture.
	HAZMAT	Hazardous Material
	HCFs	Health Care Facilities
	HPAC	Hazard Prediction and Assessment Capability
	HVA	Hazards Vulnerability Analysis
I		
	IAP	Incident Action Plan
	ICMOP	Integrated CONUS Medical Operations Plan
	ICS	Incident Command System
	IEMS	Integrated Emergency Management System
	INCMCE	International Nursing Coalition for Mass Casualty Education. The organizational focal point is located at Vanderbilt University School of Nursing
	INSERT	International Surgical Response Team
	IST	Incident Support Team
J		
	JACHO	Joint Commission on Accreditation of Healthcare Organizations. JACHO now requires all health facilities to have emergency plans which are integrated into the larger plans of the communities in which they are located.
	JOC	Joint Operations Center
L		
	LEMSA	Local Emergency Medical Services Agencies
	Level A protection	emergency protective suits that are completely encapsulated and have gas/vapor proof chemical resistant suits with self-contained breathing apparatus. These suits are hot, restrict movement, and limit vision.
	LIMS	Laboratory Information Management Systems, established through the Centers for Disease Control and Prevention, provides a way that electronic lab result reports will be rapidly available.

M

MMRS	Metropolitan Medical Response System. Under contracts provided through the Department of Health and Human Services, various metropolitan areas throughout the United States have been involved in development of MMRS within their communities.
MMST	Metropolitan Medical Strike Team. Another name sometimes used for MMRS team.
MRC	Medical Reserve Corps. In this instance, the name of the Medical Reserve Corps component of the Citizen Corps of the USA Freedom Corps. The USA Freedom Corps was announced by the President in his January 2002 state of the union address. This should not be confused with the Army Medical Reserve Corps which is an entirely different entity.
MST	Management Support Team. The MST is a key element for a major emergency. The Office of Emergency Preparedness, DHHS, may, upon request, deploy an MST to assist State and local officials and others with management of a response.

N

NBC	Nuclear Biological Chemical
NDMS	National Disaster Medical System
NCPC	National Crime Prevention Council of the Department of Justice
NEDSS	National Electronic Disease Surveillance System. This system, established by the Centers for Disease Control and Prevention, provides a logical data model to facilitate data exchange among public health partners.
NFA	National Fire Academy
NGO	Non-governmental organization
NPS	National Pharmaceutical Stockpile
NTSB	National Transportation Safety Board of the Department of Transportation
NWP	Neighborhood Watch Program

O

OCME	Office of the Chief Medical Examiner
OEP	Office of Emergency Preparedness of the U.S. Department of Health and Human Services.

P

PA	Physician Assistant
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	PALS	Pediatric Advanced Life Support
	PHTLS	Pre-Hospital Trauma Life Support
	PPE	Personal Protective Equipment
S		
	SATURN	Statewide Anti-terrorism Unified Response Network of the State of Massachusetts. Announced in March 2002.
	SEMS	Standardized Emergency Management System. This system facilitates the coordination, communication and unified command processes during a multi-agency response to a disaster.
T		
	TIPS	Operation TIPS stands for the “Terrorist Information and Prevention System,” a component of the Citizen Corps of the USA Freedom Corps. This is a nationwide program providing a channel for people who recognize unusual events that could point to possible terrorist groups or actions to report suspicious activity to the nearest FBI field office.
	TOPOFF	Top officials
U		
	US&R	FEMA deployed Urban Search and Rescue Teams. There are 28 US&Rs (also called “USAR”) in the United States.
V		
	VIPS	Volunteers in Police Service, a component of the Citizen Corps of the USA Freedom Corps
	VMAT	Veterinary Medical Assistance Teams. VMATs played a key role in addressing health concerns of search and rescue dogs, mass outbreaks of disease which may be a danger to humans in livestock, and large-scale casualty of animals during natural and manmade disasters.
W		
	WMD	Weapons of Mass Destruction
	WTC	World Trade Center